. FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 P95000043097 (1) DOCUMENT # BLUE LINE IMPORT EXPORT, INC. Mailing Address Principal Place of Business **3310 TAFT ST** 3310 TAFT ST HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 3. Date Incorporated or Qualified 3a. Date of Last Report 05/26/1995 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 65-05 26 21 \$8.75 Additional Suite, Apt. #, etc. \Box 5. Certificate of Status Desired Suite. Apt. #, etc. Fee Required 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s 199.032 Country Ζφ Country Florida Statutes ☐ Yes ☐ No 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) SILVA, CARLOS E 82 **3310 TAFT ST** 83 HOLLYWOOD FL 33021 Zip Code 85 84 City ons 607 0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office force of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am ations of, Section 607.0505, Florida Statutes. 11. Pursuant to the provisions or registered agent, or born, in the familiar with, and accept the oblig (NOTE Projection TiAgrict Signature regions) when reviolate given CR2E034 (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1.17 TLF TITLE PD SILVA, CARLOS E 1.2 N4ME NAME 3310 TAFT ST 1.3 STEEFT ADDRESS STREET ADDRESS Hollywood FL 33021 1.4 City - \$1 - 71P CITY - ST - ZIP Criange: Addition DELETE 2 1 Talle TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST ZIP CITY-S1-ZIP Change Addition DELETE 3.1 TiTLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - \$1 - ZIP CITY - S1 - ZIP Change ☐ Addition □ DELETE 4 1 1 TLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-2IP Change Addition DELETE 5 ! TIFLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CiTY - ST - 7IP CITY-ST-ZIP Change Addition DELETE 6 1 11TLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 C-TY - ST - Z-P 14. I do hereby certify that the information supplied by thints filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made undor certify that I the information indicated on this annual report annual report is true and accurate and that my signature shall have the same legal effect as if made undor certify that I am an officer or director of the dorporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR